Survey of County Jails in Tennessee: One Year Follow Up

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Introduction

Incarceration of individuals with mental illness has been a continuing concern of the Tennessee Mental Health Planning and Policy Council, because incarceration rates in Tennessee are above the national average. The Tennessee Department of Mental Health and Developmental Disabilities is collaborating with county sheriff's departments and local mental health agencies to alleviate the problem through improved service access, jail diversion, continuity of care while incarcerated, release planning and service linkage, staff training and public education.

This report describes results from a brief one-year follow-up survey of individuals with mental illness, mental retardation, and substance abuse issues who are incarcerated in Tennessee county jails.

Methods

Procedures replicated those used in the baseline 2003 survey. Adjunct facilities such as work houses and day release centers were added to the original list of 95 county jails resulting in a total of 107 facilities. The questionnaire was mailed to a contact individual at each facility with a request to gather information in preparation for a brief telephone interview. Project staff conducted interviews from November 17 through December 19, 2003. Respondents submitted informed consent documents to the project by fax or mail. The 2003 questionnaire was abridged and revised to address incarceration rates of individuals with a diagnosis mental retardation and inmates under the age of 22 in addition to those with mental illness, substance abuse, and suicidal behaviors (See Appendix A). Data were received from 104 facilities, a 97% response rate.

Results

At the time of the survey an estimated 3339 inmates were diagnosed with mental illness, 19.1% of the total inmate population, and increase in both number and percentage from the 2002 survey (2509/ 18%), but similar to the 19% reported in 1998. 802 inmates (4.6%) were thought to have behaviors indicating mental illness, but were not diagnosed; 3595 inmates (20.6%) were receiving psychiatric medication; and 64 inmates (0.4%) were on suicide watch. When asked for their opinion whether the number of inmates with mental illness had increased or decreased in their facility over the past 12 months, respondents from 60 jail systems (56%) reported an increase, less than the 70 facilities reporting an increase in 2002.
A comparison of 2002-2003 incarceration rates is shown in Table 1.

Mental health service improvements were noted by nine jail systems, including good service access (5 jails), good screening procedures (2 jails) and improved medication procedures (2 jails). Three counties reported that transportation of individuals from the community to emergency civil commitment was stretching county resources to the breaking point, involving hours of overtime and detracting from efforts to maintain community safety. Other problems included increased orders for forensic evaluation resulting in longer jail stays (2 jails), medication cost issues (2 jails), and service access issues for individuals dually diagnosed

with mental illness and mental retardation (2 jails). Changes over the past year for inmates with mental illness are shown in Table 2.

Table 1.

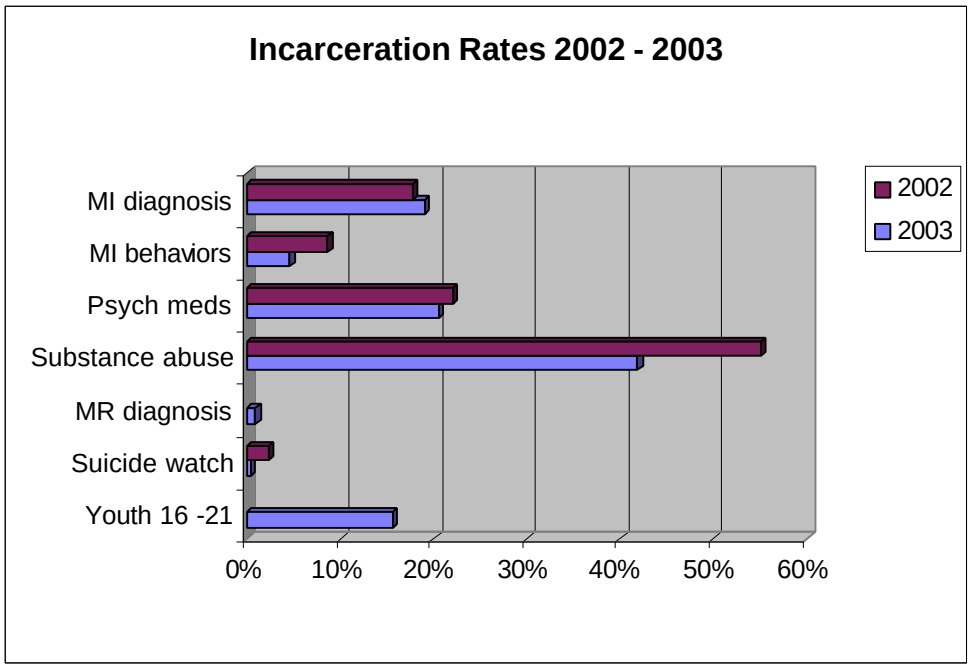
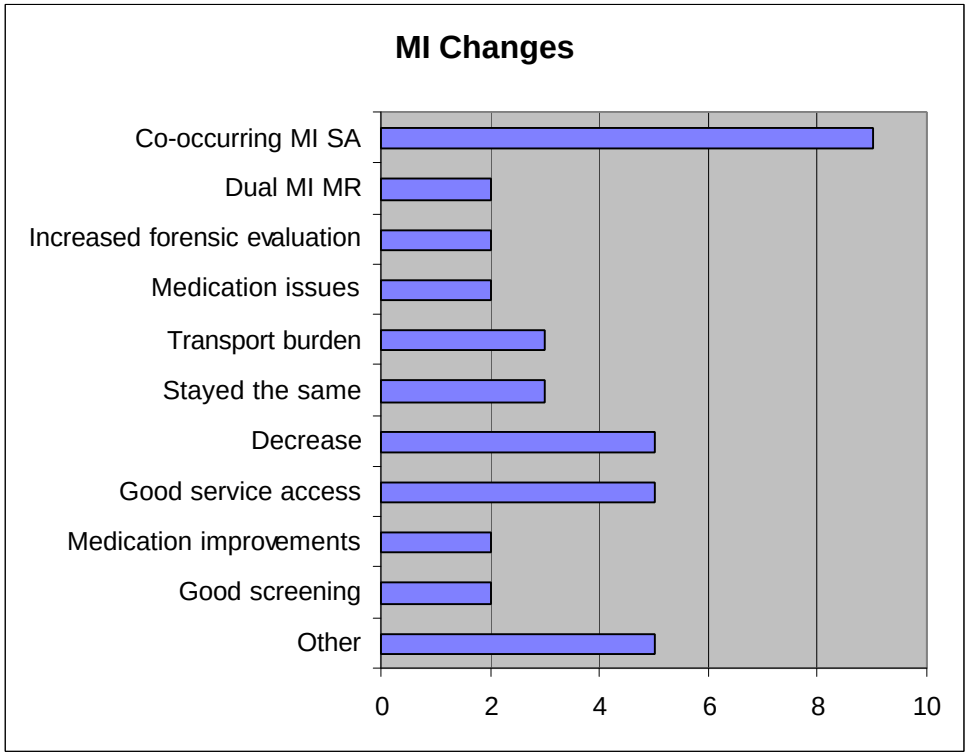


Table 2.

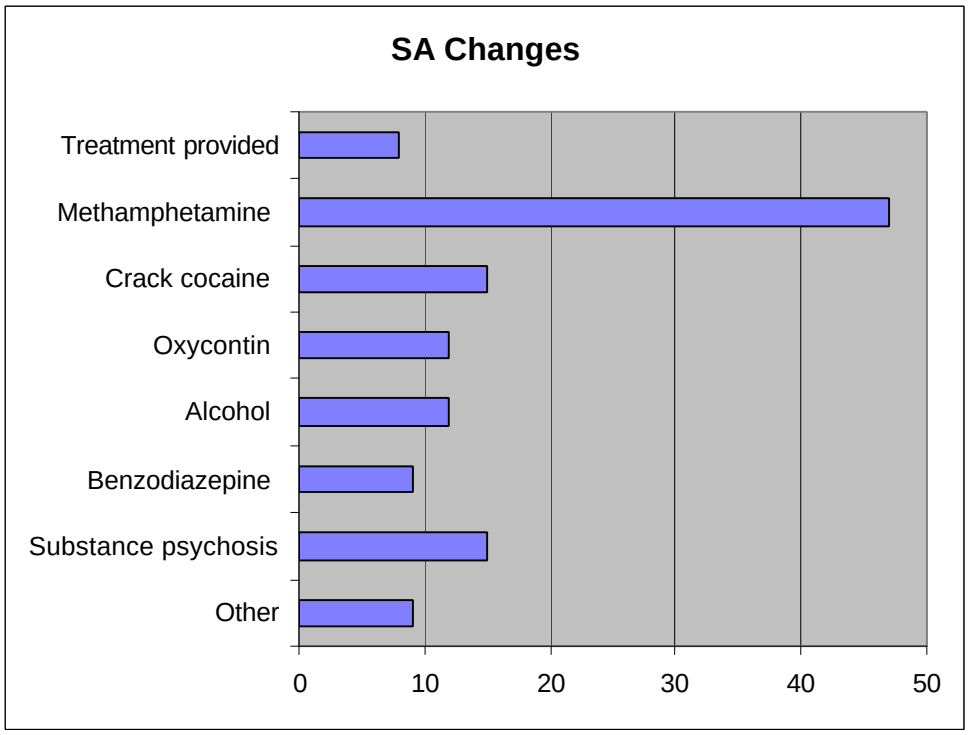


Respondents reported that 7312 inmates (41.9%) were incarcerated for crimes associated with substance abuse. Eight jails reported that they were able to provide better access to substance abuse treatment, primarily through contracts with local substance treatment agencies. Drug courts were considered to be instrumental in linking inmates with treatment while incarcerated and diverting offenders from jail to treatment through intensive probation.

Methamphetamine was the major drug related to incarceration of individuals for substance abuse (reported by 47 jails), particularly in smaller, poorer counties. One jail administrator said, "The more manufacturing jobs we lose, the more meth manufacturing we get." Smaller counties were more likely to report abuse of other prescriptions drugs such as oxycontin (12 jails) and benzodiazepines (9 jails). Larger counties reported crack cocaine (15 jails) and alcohol (12 jails) as the major problem drugs. Changes over the past year for inmates with substance abuse-related crimes are shown in Table 3.

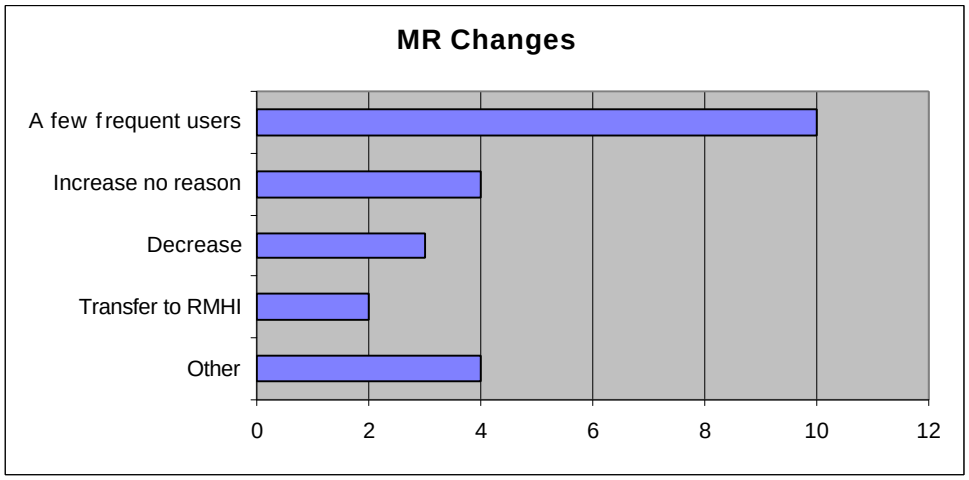
Nine jails reported difficulties with inmates who had co-occurring mental illness and substance abuse issues. They said it was difficult to sort the psychotic symptoms displayed during methamphetamine withdrawal from actual mental illness. Individuals were often not incarcerated long enough to be able to distinguish the issue. One respondent reported that young inmates in her jail did not seem to care whether they were in jail or not. They knew the prisons were overcrowded, so they would spend time in jail, then be released to the community to continue their drug abuse.

Table 3.



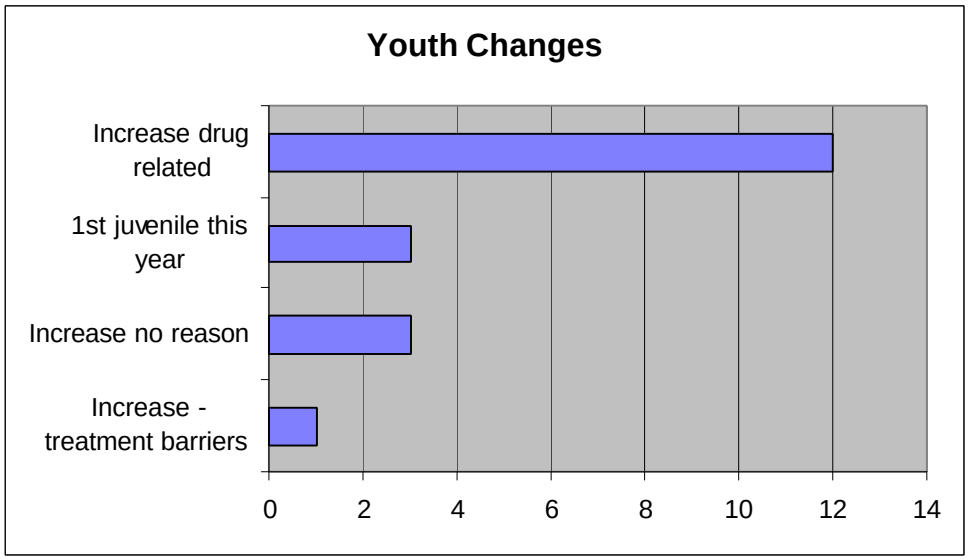
Correctional staff universally reported that incarceration of individuals with mental retardation was not a major issue, with a total of 159 inmates (.9%) thought to have mental retardation. Respondents reported that inmates with mental retardation tended to be cared for by other inmates and released quickly. Ten jails reported that one or two individuals with mental retardation cycled in and out of jail frequently. Table 4 illustrates changes over the past year for inmates with mental retardation.

Table 4.



Respondents reported that 2716 inmate (15.6%) were under the age of 22. Twelve jail systems reported that incarceration of young offenders was related to drug abuse, particularly methamphetamine and oxycontin. Three jails reported that for the first time this year they had housed juveniles under the age of 18 who were adjudicated in adult court. One jail reported an increase of young offenders due to treatment barriers. Table 5 shows changes over the past year for inmates under the age of 22.

Table 5.



Conclusions

While there has been a slight increase in incarceration rates of individuals with mental illness over the past year, conditions remain relatively stable if considered over the past 5 years. Reduced rates of individuals thought to have mental illness, but not diagnosed could suggest better screening and identification. The reduced percentage of inmates receiving psychiatric medication was reportedly due in part to better screening procedures, but also to jail policy excluding expensive psychiatric medication in favor of less costly medications in the same class. Reduction in suicide rates may be more related to tighter criteria than actual reduction in suicidality. The 2003 survey asked for the number of inmates on suicide watch while the 2002 survey asked for the number who have voiced suicidal thoughts or made suicidal gestures.

Reports of mental health service access improvements were partly attributed to jails hiring mental health staff or contracting with private practitioners, and also to better arrangements with the local mental health center. Reports of transportation burden were few, but intense. Jail administrators stated that the counties were unable to fulfill the mandate to transport individuals for commitment, and had to use off duty officers or even volunteers.

Rates of incarceration for drug abuse have decreased from 2002, however methamphetamine manufacture and abuse is reportedly creating havoc with jails in smaller counties. Confusion regarding substance induced psychosis related to methamphetamine and the youth of offenders add to concerns. Drug courts appear to be making some impact in terms of treatment for offenders, inmates and probationers.

In general, incarceration of individuals with mental illness, substance abuse and mental retardation appears to be somewhat stable. Mental health and substance abuse treatment access is improving slightly.

Appendix A: Survey of County Jails

Criminal Justice/Mental Health Advisory Committee

Introduction:

The purpose of this survey is to gather information about services for people with mental illness who are arrested on criminal charges. Please think about services provided at your facility and complete this survey to the best of your ability. Your answers will help improve mental health and criminal justice services for persons with mental illness in Tennessee.

1. In your opinion, has the number of inmates with mental illness in your facility increased or decreased in the past 12 months?

? Increased	? Stayed the same	? Decreased	? Don't know

2. Looking at last Sunday, provide your best estimate of the total number of inmates in jail at your facility and the number with mental illness, substance abuse, mental retardation and inmates under the age of 22. Please complete the column regarding "inmate population as a whole" even if you do not have information to complete the other columns.

	Inmate population as a whole	Pre-adjudication (before trial)	Serving less than a year (after trial)	Serving a year or more after trial)	Don't know
Total number of inmates in jail	_____	_____	_____	_____	?
Number with *diagnosis* of mental illness *	_____	_____	_____	_____	?
Number exhibiting behaviors suggesting mental illness, but not diagnosed	_____	_____	_____	_____	?
Number where substance abuse was part of the crime	_____	_____	_____	_____	?
Number with *diagnosis* of mental retardation	_____	_____	_____	_____	?
Number on suicide watch	_____	_____	_____	_____	?
Number receiving psychiatric medications **	_____	_____	_____	_____	?
Number ages 16 through 21	_____	_____	_____	_____	?

* Common psychiatric diagnoses include:

depression
bipolar disorder
schizophrenia
other psychotic disorder
posttraumatic stress disorder
dissociative identity disorder
obsessive compulsive disorder

Please do *not* include antisocial personality disorder or borderline personality disorder.

** Common psychiatric medications:

Ativan (lorazepam)	Geodon (ziprasidone)	Paxil (paroxetine)	Thorazine (chlorpromazine)
Buspar (buspirone)	Haldol (haloperidal)	Prolixin (fluphenazine)	Tofranil (imipramine)
Celexa (sertraline)	Klonopin (clonazepam)	Prozac (fluoxetine)	Topimax (topiramate)
Clozaril (clozapine)	Lamictal (lamotrigene)	Remeron (mirtazapine)	Valium (diazepam)
Depakote (valproic acid)	Lithobid (lithium)	Risperdal (risperdone)	Welbutrin (buproprion)
Desyrel (trazodone)	Nardil (phenelzine)	Seroquel (quetapine)	Xanax (alprazolam)
Effexor (venlafaxine)	Neurontin (gabapentin)	Serzone (nefazodone)	Zoloft (sertraline)
Elavil (amitriptyline)	Parnate (tranylcypromine)	Tegretol (carbemazepine)	Zyprexa (olanzepine)

3. In the past year, has there been any significant change for the population of:

a. Inmates with **mental illness** in your facility?

b. Inmates with **mental retardation** in your facility?

c. Inmates with **substance abuse** in your facility?

d. Inmates **age sixteen through twenty-one** in your facility?

Thank you for taking the time to complete this questionnaire. Results will be published by June 30, 2004. For a copy of the report contact:

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Tennessee Department of Mental Health and Developmental Disabilities
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Nashville, TN 37243
(615) 741-9137
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Appendix B: 2003 Incarceration Rates

	#	%	# of jails reporting
Total number of inmates in jail	17457	100.0%	104
Number with *diagnosis* of mental illness	3339	19.1%	102
Number who exhibit behaviors suggesting mental illness, but not diagnosed	802	4.6%	88
Number where substance abuse was part of the crime	7312	41.9%	95
Number with *diagnosis* of mental retardation	159	0.9%	99
Number on suicide watch	64	0.4%	64
Number receiving psychiatric medications	3595	20.6%	101
Number ages 16 through 21	2716	15.6%	95